



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code00572, 00572NAIC Company Code11557Employer's ID Number47-2582248

(Current Period)(Prior Period)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMichigan

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health []Property/Casualty []Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization [X]

Other []Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized12/18/2014Commenced Business01/01/2003

Statutory Home Office100 Galleria Officentre, Suite 210, Southfield, MI, US 48304

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office200 Stevens Drive

(Street and Number)

Philadelphia, PA, US 19113215-937-8000

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address100 Galleria Officentre, Suite 210, Southfield, MI, US 48304

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records200 Stevens Drive

(Street and Number)

Philadelphia, PA, US 19113215-937-8000

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site AddressMiBlueCrossComplete.com

Statutory Statement ContactDawn Marie Vacheresse, 248-663-7395

(Name)(Area Code) (Telephone Number) (Extension)

dvacheresse@mibluecrosscomplete.com248-663-7417

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner #	Treasurer	Robert Howard Gilman, Esquire #	Secretary
James Michael Jernigan #	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Eileen Mary Coggins #	James Michael Jernigan #	Mark Robert Bartlett #	Lynda Marie Rossi #
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State of Pennsylvania ss
County of Delaware

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey BohnerTreasurerRobert Howard Gilman, EsquireSecretaryJames Michael JerniganPresident

Subscribed and sworn to before me this day of February, 2016

a. Is this an original filing?Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	581,167	722,954		827,815	581,167	632,521
2. Claim overpayment receivables	254,471	9,698,368		610,322	254,471	633,028
3. Loans and advances to providers				10,671	.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables	4,121,722			2,778,150	4,121,722	4,080,922
6. Other health care receivables	3,932,154	10,281,793		536,862	3,932,154	3,078,359
7. Totals (Lines 1 through 6)	8,889,515	20,703,114	0	4,763,820	8,889,515	8,424,830

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
UNIV OF MICHIGAN MEDICAL HEALTH SYSTEM.....	1,306,254	48,401				1,354,655
BEAUMONT DEARBORN.....	671,450	19,339				690,789
HENRY FORD HOSPITAL.....	578,561	104				578,665
ST JOHN HOSPITAL AND MEDICAL CENTER.....	199,546	137,145				336,691
ST JOSEPH MERCY HOSPITAL ANN ARBOR.....	320,865					320,865
HARPER UNIV HOSPITAL & HUTZEL.....	252,990	6,502				259,492
PROVIDENCE HOSPITAL AND MEDICAL CENTERS.....	255,902	3,360				259,262
BEAUMONT FARMINGTON HILLS.....	250,279					250,279
SINAI-GRACE HOSPITAL.....	198,290	34,419				232,709
Beaumont Royal Oak.....	179,238					179,238
GARDEN CITY HOSPITAL.....	99,084	77,420				176,504
DETROIT RECEIVING HOSPITAL.....	169,501					169,501
3982902.....	156,749					156,749
QUEST DIAGNOSTICS INCORPORATED MI.....	130,584					130,584
ST JOHN MACOMB OAKLAND HOSPITAL.....	104,036					104,036
KARMANOS CANCER CENTER.....	85,159					85,159
MILLENNIUM Health LLC.....	78,304					78,304
ST MARY MERCY HOSPITAL LIVONIA.....	61,297	13,902				75,199
GOEDEL.....	60,884					60,884
CHILDRENS HOSPITAL OF MICHIGAN.....	58,215					58,215
HENRY FORD WYANDOTTE HOSPITAL.....	54,882					54,882
JOINT VENTURE HOSPITAL LABS.....	50,919					50,919
2635956.....	49,114					49,114
ST JOSEPH MERCY HOSPITAL LIVINGSTON.....	47,972					47,972
Kim.....	27,005					27,005
NATERA INC.....	25,739					25,739
ORCHARD TOXICOLOGY.....	24,731					24,731
NORTHWOOD INC.....	21,103					21,103
COMPLETE INFUSION SERVICES LLC.....	20,510					20,510
2370904.....	17,232					17,232
AMERITOX LTD.....	16,144					16,144
MORAWA.....	15,798					15,798
KUFNER.....	15,662					15,662
St Joseph Mercy Chelsea.....	15,631					15,631
Christ.....	14,205					14,205
REHABILITATION INSTITUTE OF MICHIGAN.....	13,510					13,510
DARWICHE.....	13,013					13,013
FEBRUAR.....	12,068					12,068
ROCHEFORT.....	10,773					10,773
2369797.....	10,721					10,721
SHAH.....	10,670					10,670
0199999 Individually listed claims unpaid.....	5,704,590	340,592	0	0	0	6,045,182
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	1,291,475	2				1,291,477
0499999 Subtotals.....	6,996,065	340,594	0	0	0	7,336,659
0599999 Unreported claims and other claim reserves.....						26,618,612
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						33,955,271
0899999 Accrued medical incentive pool and bonus amounts.....						1,700,001

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Blue Cross Complete of Michigan LLC 2. (LOCATION)

NAIC Group Code	00572	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2015				NAIC Company Code		11557
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,823								74,823	
2. First Quarter	83,256								83,256	
3. Second Quarter	89,441								89,441	
4. Third Quarter	84,537								84,537	
5. Current Year	88,533								88,533	
6. Current Year Member Months	1,036,110								1,036,110	
Total Member Ambulatory Encounters for Year:										
7. Physician	719,272								719,272	
8. Non-Physician	175,191								175,191	
9. Total	894,463	0	0	0	0	0	0	0	894,463	0
10. Hospital Patient Days Incurred	52,469								52,469	
11. Number of Inpatient Admissions	11,603								11,603	
12. Health Premiums Written (b).....	422,544,050								422,544,050	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	422,544,050								422,544,050	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	353,756,477								353,756,477	
18. Amount Incurred for Provision of Health Care Services	357,394,260								357,394,260	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____



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REPORT FOR: 1. CORPORATION Blue Cross Complete of Michigan LLC 2. (LOCATION)

NAIC Group Code	00572	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2015				NAIC Company Code		11557
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,823	0	0	0	0	0	0	0	74,823	0
2 First Quarter	83,256	0	0	0	0	0	0	0	83,256	0
3 Second Quarter	89,441	0	0	0	0	0	0	0	89,441	0
4. Third Quarter	84,537	0	0	0	0	0	0	0	84,537	0
5. Current Year	88,533	0	0	0	0	0	0	0	88,533	0
6 Current Year Member Months	1,036,110	0	0	0	0	0	0	0	1,036,110	0
Total Member Ambulatory Encounters for Year:										
7. Physician	719,272	0	0	0	0	0	0	0	719,272	0
8. Non-Physician	175,191	0	0	0	0	0	0	0	175,191	0
9. Total	894,463	0	0	0	0	0	0	0	894,463	0
10. Hospital Patient Days Incurred	52,469	0	0	0	0	0	0	0	52,469	0
11. Number of Inpatient Admissions	11,603	0	0	0	0	0	0	0	11,603	0
12. Health Premiums Written (b).....	422,544,050	0	0	0	0	0	0	0	422,544,050	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	422,544,050	0	0	0	0	0	0	0	422,544,050	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	353,756,477	0	0	0	0	0	0	0	353,756,477	0
18. Amount Incurred for Provision of Health Care Services	357,394,260	0	0	0	0	0	0	0	357,394,260	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

33

33

33

33

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	4,092	3,196	428	339	(344)
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	(1,345)	3,592	2,376	312	(306)
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	250	2,869	1,714	173	19
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	0	XXX
19. Letters of credit (L).....	0	0	0	0	XXX
20. Trust agreements (T).....	0	0	0	0	XXX
21. Other (O).....	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	109,152,843		109,152,843
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	250,000	250,000
5. All other admitted assets (Balance).....	6,298,728		6,298,728
6. Total assets (Line 28)	115,451,571	250,000	115,701,571
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	33,705,271	250,000	33,955,271
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,700,001		1,700,001
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	42,190,430		42,190,430
15. Total liabilities (Line 24).....	77,595,702	250,000	77,845,702
16. Total capital and surplus (Line 33).....	37,855,869	XXX	37,855,869
17. Total liabilities, capital and surplus (Line 34)	115,451,571	250,000	115,701,571
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	250,000		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	250,000		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	250,000		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00572	BC/BS of Michigan Mutual Insurance Co	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	RE	State of Michigan	Legal			
00572	BC/BS of Michigan Mutual Insurance Co	00000	27-0521030				Accident Fund Holdings, Inc	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	00000	00-9789424				AF Global Capital, Ltd	GBR	DS	Accident Fund Holdings, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	10713	36-4072992				Third Coast Insurance Company	IL	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	12177	20-1117107				CompWest Insurance Co	CA	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00572	BC/BS of Michigan Mutual Insurance Co	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	DS	Michigan Medicaid Holdings Company	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-3134881				BCN Service Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	52037	38-2536979				Blue Care of Michigan, Inc	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Care of Michigan, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00572	BC/BS of Michigan Mutual Insurance Co	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000		00000	47-5653683				SBBX Co.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	11-7388370				ikaSystems	DE	DS	SBBX	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	27-1038374				Bloom Health Corporation	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	40.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	47-4522025				Data Driven Delivery Systems, Holdings, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	70.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	45-3742721				Data Driven Delivery Systems, LLC	DE	NIA	Data Driven Delivery Systems, Holdings, LLC	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	45-1062167				NDBH Holding Company, LLC	MO	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	43-1698690				New Directions Behavioral Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
00000		00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.7	BCBSM and IBC MH LLC	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.4	BCBSM and IBC MH LLC	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	BCBSM and IBC MH LLC	
00000		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		14692	20-2467931				AmeriHealth Caritas Georgia, Inc	GA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		15800	47-3923267				AmeriHealth Caritas Iowa, Inc	IA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		13630	26-0885397				CBHNP Services, Inc	PA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		14378	45-4088232				Florida True Health, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	19.4	BCBSM and IBC MH LLC	
00000		00000	47-5566319				AmeriHealth Caritas Virginia, Inc	VA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	37-1752699				FTH Clinic, LLC	FL	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc	Ownership	9.9	BCBSM and IBC MH LLC	
00000		15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		14261	45-3790685				AmeriHealth Nebraska, Inc	NE	IA	AmeriHealth Caritas Health Plan	Ownership	27.1	BCBSM and IBC MH LLC	
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	38.7	BCBSM and IBC MH LLC	
00000		00000	46-4191591				Regence AmeriHealth Caritas, Inc	WA	NIA	AmeriHealth Caritas Health Plan	Ownership	19.4	BCBSM and IBC MH LLC	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?NO.....

Explanation:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. Consumer Incentives.....		346,463	
1497. Summary of remaining write-ins for Line 14 from Page 04	0	346,463	0

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Donations.....			4,750		4,750
2505.					0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	4,750	0	4,750

OVERFLOW PAGE FOR WRITE-INS

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M007 Additional Aggregate Lines for Page 07 Line 13.
*ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Consumer Incentives.....	346,463							346,463		
1397. Summary of remaining write-ins for Line 13 from page 7	346,463	0	0	0	0	0	0	346,463	0	

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

